

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/> - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 08/09/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: MD0094

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

X

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Harford County, Maryland

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6000959

	c. Organizational DUNS:	069402428	PLUS 4	
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d. Address

Street 1: 15 S. Main Street

Street 2:

City: Bel Air

County: Harford

State: Maryland

Country: United States

Zip / Postal Code: 21014

e. Organizational Unit (optional)

Department Name: Department of Housing and Community Development

Division Name: Community Development

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mrs.

First Name: Renee

Middle Name:

Last Name: Duzan

Suffix:

Title: Grants Specialist

Organizational Affiliation: Harford County, Maryland

Telephone Number: (410) 638-3045

Extension: 1314

Fax Number: (410) 893-9816

Email: rlduzan@harfordcountymd.gov

1C. SF-424 Application Details

9. Type of Applicant: B. County Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): Maryland
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: AH PH Consolidated

16. Congressional District(s):

a. Applicant: MD-002, MD-001
(for multiple selections hold CTRL key)

b. Project: MD-002, MD-001
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 06/01/2019

b. End Date: 05/31/2020

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

- 19. Is the Application Subject to Review By State Executive Order 12372 Process?** b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

- 20. Is the Applicant delinquent on any Federal debt?** No

If "YES," provide an explanation:

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: ☒

21. Authorized Representative

Prefix: Mr.

First Name: Barry

Middle Name:

Last Name: Glassman

Suffix:

Title: Harford County Executive

Telephone Number: (410) 638-3551
(Format: 123-456-7890)

Fax Number: (410) 638-1387
(Format: 123-456-7890)

Email: btglassman@harfordcountymd.gov

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 08/09/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Harford County, Maryland

Prefix: Mr.

First Name: Barry

Middle Name:

Last Name: Glassman

Suffix:

Title: Harford County Executive

Organizational Affiliation: Harford County, Maryland

Telephone Number: (410) 638-3551

Extension:

Email: btglassman@harfordcountymd.gov

City: Bel Air

County: Harford

State: Maryland

Country: United States

Zip/Postal Code: 21014

2. Employer ID Number (EIN): 52-6000959

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$152,751.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: AH PH Consolidated 15 S. Main Street Bel Air Maryland

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
(For further information, see 24 CFR Sec. 4.3).

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
Housing & Community Development 15 S. Main Street Bel Air, MD 21014	Grant-In-Aid	\$5,788.00	support services
Housing & Community Development 15 S. Main Street Bel Air, MD 21014	CDBG	18878.0	support services
NA	NA	\$0.00	NA
NA	NA	\$0.00	NA
NA	NA	\$0.00	NA

Part III Interested Parties

You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA	NA	NA	\$0.00	0%
NA	NA	NA	\$0.00	0%
NA	NA	NA	\$0.00	0%
NA	NA	NA	\$0.00	0%
NA	NA	NA	\$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

I AGREE: ☒

Name / Title of Authorized Official: Barry Glassman, Harford County Executive

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/01/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Harford County, Maryland

Program/Activity Receiving Federal Grant CoC Program

Funding:

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b. Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;	

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Workplaces, including addresses, entered in the attached project application.

Refer to addresses entered into the attached project application.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and

X

accurate. ☐

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Mr.

First Name: Barry

Middle Name

Last Name: Glassman

Suffix:

Title: Harford County Executive

Telephone Number: (410) 638-3551
(Format: 123-456-7890)

Fax Number: (410) 638-1387
(Format: 123-456-7890)

Email: btglassman@harfordcountymd.gov

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 08/09/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization: Harford County, Maryland

Name / Title of Authorized Official: Barry Glassman, Harford County Executive

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/09/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: Harford County, Maryland

Street 1: 15 S. Main Street

Street 2:

City: Bel Air

County: Harford

State: Maryland

Country: United States

Zip / Postal Code: 21014

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete.

X

Authorized Representative

Prefix: Mr.

First Name: Barry

Middle Name:

Last Name: Glassman

Suffix:

Title: Harford County Executive

Telephone Number: (410) 638-3551
(Format: 123-456-7890)

Fax Number: (410) 638-1387
(Format: 123-456-7890)

Email: btglassman@harfordcountymd.gov

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/09/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as "Read-Only;" except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? **Yes**
If "No" click on "Next" or "Save & Next" below to move to the next screen.

2. Is this an individual project application or a fully consolidated project application? **Fully Consolidated**

Renewal Grant Consolidation Table

Project Identification Number PIN	Total Requested Amount	Surviving PIN or Terminating PIN	Operating Start Date	Expiration Date
MD0094	\$61,507	Surviving PIN	06/01/2019	05/31/2020
MD0095	\$91,244	Terminating PIN	11/01/2019	10/31/2020

***The surviving PIN must have the earliest operating start date.**

Renewal Grant Consolidation Summary

Total Number of Grants in Consolidation	2
Total Requested Amount in Consolidation	\$152,751



I hereby confirm that I have reviewed the accuracy and submitted all the renewal project applications related to this consolidation request into esnaps.

X

Click on "Save & Next" to continue completing the remainder of this project application combining all the project application data for all the

projects listed above into a single fully consolidated project application.

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards: \$152,751

Organization	Type	Type	Sub-Award Amount
Associated Catholic Charities	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	\$152,751

2A. Project Subrecipients Detail

a. Organization Name: Associated Catholic Charities

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 52-0591538

	* d. Organizational DUNS:	080559461	PLUS 4	
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e. Physical Address

Street 1: 228 W. Lexington St

Street 2: Suite 220

City: Baltimore

State: Maryland

Zip Code: 21201-3432

f. Congressional District(s): MD-002, MD-001
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? Yes

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$152,751

j. Contact Person

Prefix: Ms.

First Name: Amy

Middle Name: N.

Last Name: Collier

Suffix:

Title: Director of Community Services Division

E-mail Address: acollier@cc-md.org

Confirm E-mail Address: acollier@cc-md.org

Phone Number: 667-600-3337

Extension:

Fax Number: 410-889-0203

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

3A. Project Detail

**1. Project Identification Number (PIN) of
expiring grant:** MD0094

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MD-502 - Harford County CoC

2b. CoC Collaborative Applicant Name: Harford County, Maryland

3. Project Name: AH PH Consolidated

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

**6. Does this project use one or more
properties that have been conveyed through
the Title V process?** No

**7. Will this renewal project be part of a new
application for a Renewal Expansion Grant?** No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

The AH Combined project will serve eight families with children in which at least one family member has one or more disabilities. Program referrals are received from the local CoC Coordinated Entry agency, Harford County Community Action Agency, using the HMIS referral system. This project operates under the Housing First model, ensuring low barriers to entry and no preconditions for obtaining or remaining in housing other than compliance with the lease. Case management is provided to the participants and personalized action plans are developed with them to address their specific needs. The program utilizes Housing First best practices of Trauma Informed Care, Motivational Interviewing and Harm Reduction in its delivery of services. Linkages to resources such as medical treatment, mental health support, substance use treatment, public benefits, income, etc. are made as needed. Support is given to assist the participants to maintain housing stability.

Whenever possible, Catholic Charities' outreach and advocacy efforts with local legislators involve helping to prevent homelessness from being criminalized in our state; we have excellent relationships with local law enforcement agencies and partner with other nonprofits in the community to help educate police officers on interacting with people experiencing homelessness and mental health issues.

Anna's House is part of Catholic Charities' systemic response to ending homelessness, which is inclusive and transparent. We also offer workforce development, job training, life-skills classes, and links to benefits and behavioral health services.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	<input type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

Other:

3. Housing First**3a. Does the project quickly move participants into permanent housing** Yes**3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.**

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

3d. Does the project follow a "Housing First" approach? Yes

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A "100% Dedicated" project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A "DedicatedPLUS" project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.

DedicatedPLUS

4A. Supportive Services for Participants

1. For all supportive services available to participants, indicate who will provide them and how often they will be provided.

Click 'Save' to update.

Supportive Services	Provider	Frequency
Assessment of Service Needs	Subrecipient	Monthly
Assistance with Moving Costs	Non-Partner	As needed
Case Management	Subrecipient	Bi-monthly
Child Care	Subrecipient	As needed
Education Services	Subrecipient	As needed
Employment Assistance and Job Training	Subrecipient	As needed
Food	Subrecipient	As needed
Housing Search and Counseling Services	Subrecipient	As needed
Legal Services	Non-Partner	As needed
Life Skills Training	Subrecipient	Monthly
Mental Health Services	Partner	As needed
Outpatient Health Services	Non-Partner	As needed
Outreach Services	Non-Partner	As needed
Substance Abuse Treatment Services	Non-Partner	As needed
Transportation	Subrecipient	As needed
Utility Deposits	Subrecipient	As needed

2. Please identify whether the project includes the following activities:



2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the  icon. To view or update a housing site already listed, select the  icon.

Total Units: 8

Total Beds: 21

Total Dedicated CH Beds: 21

Housing Type	Housing Type (JOINT)	Units	Beds
Single family homes/townhou...	---	1	4
Single family homes/townhou...	---	1	2
Single family homes/townhou...	---	1	4
Scattered-site apartments (...)	---	1	3
Scattered-site apartments (...)	---	1	1
Scattered-site apartments (...)	---	1	3
Scattered-site apartments (...)	---	1	2
Scattered-site apartments (...)	---	1	2

4B. Housing Type and Location Detail

1. Housing Type: Single family homes/townhouses/duplexes

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 1

b. Beds: 4

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 4

This includes both the "dedicated" and "prioritized" beds from previous competitions.

4. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 328 Center Deen Avenue

Street 2:

City: Aberdeen

State: Maryland

ZIP Code: 21001

**5. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)**

249025 Harford County

4B. Housing Type and Location Detail

1. Housing Type: Single family homes/townhouses/duplexes

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 1

b. Beds: 2

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 2

This includes both the "dedicated" and "prioritized" beds from previous competitions.

4. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 2234 Melrose Ln

Street 2:

City: Forest Hill

State: Maryland

ZIP Code: 21050

**5. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)**

249025 Harford County

4B. Housing Type and Location Detail

1. Housing Type: Single family homes/townhouses/duplexes

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 1

b. Beds: 4

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?

This includes both the "dedicated" and "prioritized" beds from previous competitions.

4. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 76 Haverhill Rd

Street 2:

City: Joppa

State: Maryland

ZIP Code: 21085

**5. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)**

249025 Harford County

4B. Housing Type and Location Detail

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 1

b. Beds: 3

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 3

This includes both the "dedicated" and "prioritized" beds from previous competitions.

4. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 28C E Bel Air Ave

Street 2:

City: Aberdeen

State: Maryland

ZIP Code: 21001

**5. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)**

249025 Harford County

4B. Housing Type and Location Detail

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 1

b. Beds: 1

3. How many beds of the total beds in "2b. 1

Beds" are dedicated to the chronically homeless?

This includes both the "dedicated" and "prioritized" beds from previous competitions.

4. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 128 Waldon Rd, Apt I

Street 2:

City: Abingdon

State: Maryland

ZIP Code: 21009

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

249025 Harford County

4B. Housing Type and Location Detail

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 1

b. Beds: 3

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?

This includes both the "dedicated" and "prioritized" beds from previous competitions.

4. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 132 Waldon Rd, Apt H

Street 2:

City: Abingdon

State: Maryland

ZIP Code: 21009

**5. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)**

249025 Harford County

4B. Housing Type and Location Detail

1. Housing Type: Scattered-site apartments (including efficiencies)

**2. Indicate the maximum number of units and beds available
for project participants at the selected housing site.**

a. Units: 1

b. Beds: 2

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 2

This includes both the "dedicated" and "prioritized" beds from previous competitions.

4. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-

family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 706 Stanford Ct

Street 2:

City: Edgewood

State: Maryland

ZIP Code: 21040

**5. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)**

249025 Harford County

4B. Housing Type and Location Detail

1. Housing Type: Scattered-site apartments (including efficiencies)

**2. Indicate the maximum number of units and beds available
for project participants at the selected housing site.**

a. Units: 1

b. Beds: 2

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?

This includes both the "dedicated" and "prioritized" beds from previous competitions.

4. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration

office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 950 J Todd Rd

Street 2:

City: Bel Air

State: Maryland

ZIP Code: 21014

**5. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)**

249025 Harford County

5A. Project Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	7	1	0	8
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	7	1		8
Adults ages 18-24	1	0		1
Accompanied Children under age 18	12		0	12
Unaccompanied Children under age 18			0	0
Total Persons	20	1	0	21

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Adults over age 24	0	0	0	2	0	7	7	2	0	0
Adults ages 18-24	0	0	0	0	0	0	0	0	0	1
Children under age 18	0			0	0	1	0	0	1	10
Total Persons	0	0	0	2	0	8	7	2	1	11

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Adults over age 24						1	1	1		
Adults ages 18-24										
Total Persons	0	0	0	0	0	1	1	1	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

Describe the unlisted subpopulations referred to above:

One young adult is still living with homeless parent with disabilities. There are 10 minor children without disabilities living with their disabled homeless parent.

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

25%	Directly from the street or other locations not meant for human habitation.
50%	Directly from emergency shelters.
0%	Directly from safe havens.
25%	Persons fleeing domestic violence.
0%	Directly from transitional housing eliminated in a previous CoC Program Competition.
0%	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
0%	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

3. Does this project propose to allocate funds according to an indirect cost rate? No

4. Renewal Grant Term: 1 Year

5. Select the costs for which funding is being requested:

Leased Units	<input checked="" type="checkbox"/>
Leased Structures	<input type="checkbox"/>
Rental Assistance	<input type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
Operating	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>

6B. Leased Units Budget

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the  icon. To view or update information already listed, select the  icon.

Total Annual Assistance Requested:			\$106,858
Grant Term:			1 Year
Total Request for Grant Term:			\$106,858
Total Units:			8
FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
MD - Baltimore-Co...	8	\$106,858	\$106,858

Leased Units Budget Detail

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.

Metropolitan or non-metropolitan fair market rent area: MD - Baltimore-Columbia-Towson, MD MSA (2400399999)

Leased Units Annual Budget

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO	0	
0 Bedroom	0	
1 Bedroom	0	
2 Bedroom	5	
3 Bedroom	3	
4 Bedroom	0	
5 Bedroom	0	
6 Bedroom	0	
7 Bedroom	0	
8 Bedroom	0	
9 Bedroom	0	
Total Units and Annual Assistance Requested	8	\$106,858
Grant Term		1 Year
Total Request for Grant Term		\$106,858

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the  icon. To view or update a Matching source already listed, select the  icon.

Summary for Match

Total Value of Cash Commitments:	\$11,473
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$11,473

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Associated Cathol...	08/06/2018	\$11,473

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: Cash

3. Type of Source: Private

4. Name the Source of the Commitment: Associated Catholic Charities, Inc.
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/06/2018

6. Value of Written Commitment: \$11,473

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$106,858
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$22,530
4. Operating	\$10,561
5. HMIS	\$0
6. Sub-total Costs Requested	\$139,949
7. Admin (Up to 10%)	\$12,802
8. Total Assistance plus Admin Requested	\$152,751
9. Cash Match	\$11,473
10. In-Kind Match	\$0
11. Total Match	\$11,473
12. Total Budget	\$164,224

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Non Profit Status...	08/03/2018
2) Other Attachmenbt	No	Catholic Charitie...	08/06/2018
3) Other Attachment	No		

Attachment Details

Document Description: Non Profit Status Letter

Attachment Details

Document Description: Catholic Charities Cash Match Letter

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.**20-Year Operation Rule.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Barry Glassman

Date: 08/09/2018

Title: Harford County Executive

Applicant Organization: Harford County, Maryland

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	<input checked="" type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
3C. Dedicated Plus	<input checked="" type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input checked="" type="checkbox"/>
4B. Housing Type	<input checked="" type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input checked="" type="checkbox"/>
5B. Subpopulations	<input checked="" type="checkbox"/>
5C. Outreach	<input checked="" type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input checked="" type="checkbox"/>
6B. Leased Units	<input checked="" type="checkbox"/>

6D. Match	<input checked="checked" type="checkbox"/>
6E. Summary Budget	<input checked="checked" type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="checked" type="checkbox"/>
7B. Certification	<input checked="checked" type="checkbox"/>

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Consolidated project application which will need changes to reflect consolidation.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/01/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

Renewal Project Application FY2018	Page 55	08/21/2018
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1D. SF-424 Congressional District(s)	08/06/2018
1E. SF-424 Compliance	08/01/2018
1F. SF-424 Declaration	08/01/2018
1G. HUD-2880	08/01/2018
1H. HUD-50070	08/01/2018
1I. Cert. Lobbying	08/01/2018
1J. SF-LLL	08/01/2018
Recipient Performance	08/01/2018
Renewal Grant Consolidation	08/01/2018
2A. Subrecipients	08/03/2018
3A. Project Detail	08/01/2018
3B. Description	08/01/2018
3C. Dedicated Plus	08/01/2018
4A. Services	08/01/2018
4B. Housing Type	08/02/2018
5A. Households	08/01/2018
5B. Subpopulations	08/02/2018
5C. Outreach	08/09/2018
6A. Funding Request	08/01/2018
6B. Leased Units	08/02/2018
6D. Match	08/06/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/06/2018
7B. Certification	08/09/2018
Submission Without Changes	08/01/2018

**Internal Revenue Service
P.O. Box 2508
Cincinnati, OH 45201**

Department of the Treasury

Date: June 2, 2017

Person to Contact:

R. Meyer ID# 0110429

Toll Free Telephone Number:

877-829-5500

United States Conference of Catholic
Bishops
3211 4th Street, NE
Washington, DC 20017-1194

Group Exemption Number:

0928

Dear Sir/Madam:

This responds to your June 2, 2017, request for information regarding the status of your group tax exemption.

Our records indicate that you were issued a determination letter in March 1946, that you are currently exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, and are not a private foundation within the meaning of section 509(a) of the Code because you are described in sections 509(a)(1) and 170(b)(1)(A)(i).

With your request, you provided a copy of the *Official Catholic Directory for 2017*, which includes the names and addresses of the agencies and instrumentalities and the educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories, and possessions that are subordinate organizations under your group tax exemption. Your request indicated that each subordinate organization is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, and that no substantial part of their activities is for promotion of legislation. You have further represented that none of your subordinate organizations is a private foundation under section 509(a), although all subordinates do not all share the same sub-classification under section 509(a). Based on your representations, the subordinate organizations in the *Official Catholic Directory for 2017* are recognized as exempt under section 501(c)(3) of the Code under GEN 0928.

Donors may deduct contributions to you and your subordinate organizations as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to them or for their use are deductible for federal estate and gifts tax purposes if they meet the applicable provisions of section 2055, 2106, and 2522 of the Code.

Subordinate organizations under a group exemption do not receive individual exemption letters. Most subordinate organizations are not separately listed in Publication 78 or the EO Business Master File. Donors may verify that a subordinate organization is included

in your group exemption by consulting the *Official Catholic Directory*, the official subordinate listing approved by you, or by contacting you directly. IRS does not verify the inclusion of subordinate organizations under your group exemption. See IRS Publication 4573, *Group Exemption*, for additional information about group exemptions.

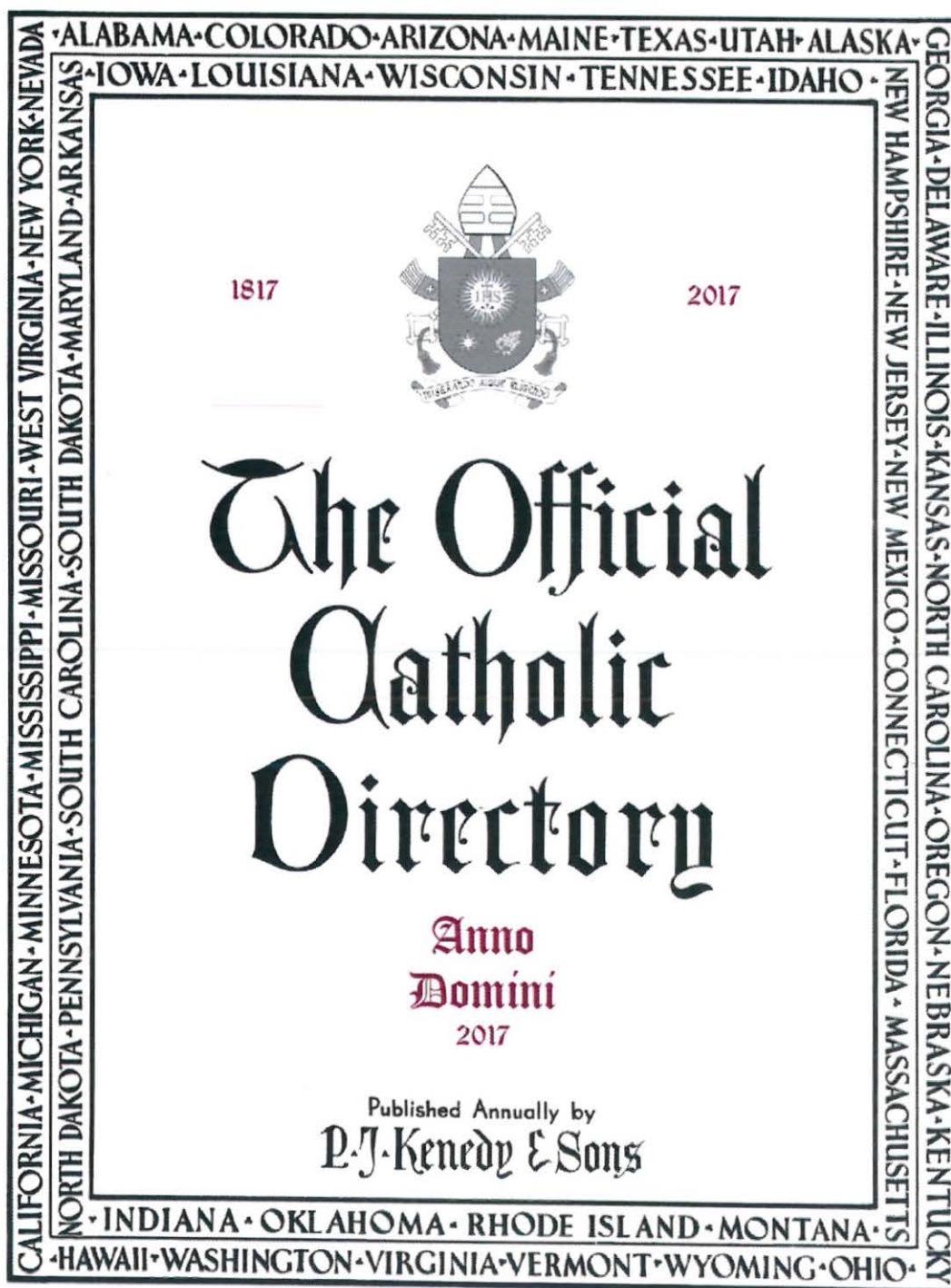
Each subordinate organization covered in a group exemption should have its own EIN. Each subordinate organization must use its own EIN, not the EIN of the central organization, in all filings with IRS.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

A handwritten signature in cursive script that reads "Stephen A. Martin".

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements



Archdiocese of Baltimore

(Archidieocesis Baltimorensis)

Most Reverend

WILLIAM E. LORI, S.T.D.

Archbishop of Baltimore; ordained May 14, 1977; appointed Titular Bishop of Bulla and Auxiliary Bishop of Washington April 20, 1995; appointed Bishop of Bridgeport January 23, 2001; installed March 19, 2001; appointed Archbishop of Baltimore March 20, 2012; installed as sixteenth Archbishop of Baltimore May 16, 2012. 320 Cathedral St., Baltimore, MD 21201. Tel: 410-547-5437.



Chancery Office: 320 Cathedral St., Baltimore, MD 21201. Tel: 410-547-5446; Fax: 410-727-8234.

Web: www.archbalt.org

Email: chancery@archbalt.org

Most Reverend

MARK E. BRENNAN

Auxiliary Bishop of Baltimore; ordained May 15, 1978; appointed Titular Bishop of Rusibisir and Auxiliary Bishop of Baltimore December 5, 2016; installed January 19, 2017. Office: 320 Cathedral St., Baltimore, MD 21201.

Most Reverend

ADAM J. PARKER

Auxiliary Bishop of Baltimore; ordained May 27, 2000; appointed Titular Bishop of Tasaccora and Auxiliary Bishop of Baltimore December 5, 2016; installed January 19, 2017. Office: 320 Cathedral St., Baltimore, MD 21201.

Square Miles 4,801.

Established a Diocese November 6, 1789; Established an Archdiocese April 8, 1808.

Comprises the City of Baltimore and Allegany, Anne Arundel, Baltimore, Carroll, Frederick, Garrett, Harford, Howard and Washington Counties.

By a Decree of the Sacred Congregation of the Propaganda, July 19, 1858, approved by His Holiness, Pius IX, July 25, 1858, "Prerogative of Place" was conferred on the Archdiocese of Baltimore. By the explicit words of said decree of the Holy See, the Archbishop of Baltimore takes precedence over all Archbishops of the United States (not Cardinals) in Councils, gatherings and meetings of whatever kind of the Hierarchy (in conciliis, coetibus et cunctis quibuscumque) regardless of the seniority of other Archbishops in promotion or ordination. Decree signed by Cardinal Barnabo, August 15, 1858.

For legal titles of parishes and archdiocesan institutions, consult the Chancery Office.

His Eminence

EDWIN CARDINAL O'BRIEN, S.T.D., D.D.

Grand Master, Equestrian Order of the Holy Sepulcher of Jerusalem, Archbishop Emeritus of Baltimore; ordained May 25, 1965; appointed Auxiliary Bishop of New York February 6, 1996; Episcopal Ordination March 25, 1996; appointed Coadjutor Archbishop for the Military Services April 8, 1997; acceded as Archbishop August 12, 1997; appointed Archbishop of Baltimore July 12, 2007; installed Fifteenth Archbishop of Baltimore October 1, 2007; appointed Grand Master of the Equestrian Order of the Holy Sepulchre of Jerusalem and Archbishop Emeritus of Baltimore August 29, 2011; elevated to College of Cardinals February 16, 2012. Office: Equestrian Order of the Holy Sepulchre of Jerusalem, 00120.

Most Reverend

DENIS J. MADDEN

Retired Auxiliary Bishop of Baltimore; ordained April 1, 1967; appointed Auxiliary Bishop of Baltimore and Titular Bishop of Baia May 10, 2005; ordained August 24, 2005; retired December 5, 2016. 320 Cathedral St., Baltimore, MD 21201. Tel: 410-547-5452.

STATISTICAL OVERVIEW

Personnel	
Archbishops	1
Auxiliary Bishops	2
Retired Bishops	1
Priests: Diocesan Active in Diocese	134
Priests: Diocesan Active Outside Diocese	10
Priests: Retired, Sick or Absent	69
Number of Diocesan Priests	213
Religious Priests in Diocese	215
Total Priests in Diocese	428
Extern Priests in Diocese	56
Ordinations:	
Diocesan Priests	1
Permanent Deacons in Diocese	168
Total Brothers	43
Total Sisters	714
Parishes	
Parishes	140
With Resident Pastor:	
Resident Diocesan Priests	85
Resident Religious Priests	32
Without Resident Pastor:	
Administered by Priests	27
Administered by Deacons	2
Administered by Lay People	2
Missions	8
New Parishes Created	1
Closed Parishes	4
Professional Ministry Personnel:	
Brothers	1
Sisters	22
Lay Ministers	266

Welfare	
Catholic Hospitals	5
Total Assisted	1,805,517
Health Care Centers	5
Total Assisted	2,887
Homes for the Aged	24
Total Assisted	5,558
Residential Care of Children	4
Total Assisted	521
Day Care Centers	6
Total Assisted	674
Specialized Homes	6
Total Assisted	1,491
Special Centers for Social Services	28
Total Assisted	421,820
Residential Care of Disabled	1
Total Assisted	224
Other Institutions	1
Total Assisted	7,829
Educational	
Seminaries, Diocesan	2
Students from This Diocese	21
Students from Other Diocese	212
Diocesan Students in Other Seminaries	4
Total Seminarians	25
Colleges and Universities	4
Total Students	11,346
High Schools, Diocesan and Parish	7
Total Students	3,160
High Schools, Private	13
Total Students	7,069
Elementary Schools, Diocesan and Parish	41

Total Students	13,951
Elementary Schools, Private	7
Total Students	925
Non-residential Schools for the Disabled	1
Total Students	115
Catechesis/Religious Education:	
High School Students	2,815
Elementary Students	31,427
Total Students under Catholic Instruction	70,833
Teachers in the Diocese:	
Priests	53
Brothers	3
Sisters	34
Lay Teachers	2,857
Vital Statistics	
Receptions into the Church:	
Infant Baptism Totals	5,205
Adult Baptism Totals	420
Received into Full Communion	597
First Communions	4,275
Confirmations	4,172
Marriages:	
Catholic	995
Interfaith	320
Total Marriages	1,315
Deaths	2,926
Total Catholic Population	516,278
Total Population	3,245,398

Former Archbishops—Most Revs. JOHN CARROLL, D.D., cons. Aug. 15, 1790; Archbishop, April 8, 1808; died Dec. 3, 1815; LEONARD NEALE, D.D., cons. Coadjutor, Dec. 7, 1800; acceded to the See of Baltimore Dec. 3, 1815; died June 18, 1817; AMBROSE MARECHAL, S.S., D.D., cons. Dec. 14, 1817; died Jan. 29, 1828; JAMES WHITFIELD, D.D., cons. May 25, 1828; died Oct. 19, 1834; SAMUEL ECCLESTON, S.S., D.D., cons. Sept. 14, 1834; died April 22, 1851; FRANCIS PATRICK KENRICK, D.D., cons. June 6, 1830; Coadjutor Bishop of Philadelphia; promoted to the See of Baltimore Aug. 19, 1851; died July 8, 1863; MARTIN JOHN SPALDING, D.D., cons. Sept. 10, 1848; Coadjutor Bishop of Louisville; promoted to the See of Baltimore May 6,

1864; died Feb. 7, 1872; JAMES ROOSEVELT BAYLEY, D.D., cons. Oct. 30, 1853; Bishop of Newark; promoted to the See of Baltimore July 30, 1872; died Oct. 3, 1877; His Eminence JAMES CARDINAL GIBBONS, D.D., cons. Vicar Apostolic of North Carolina, Aug. 16, 1868; transferred to the See of Richmond, July 30, 1872; promoted to the See of Baltimore, Oct. 3, 1877; created Cardinal Priest of S. Maria in Trastevere, June 7, 1886; died March 24, 1921; Most Revs. MICHAEL J. CURLEY, D.D., cons. Bishop of St. Augustine, June 30, 1914; promoted to the See of Baltimore Aug. 10, 1921; died May 16, 1947; FRANCIS P. KEOUGH, D.D., cons. Bishop of Providence, May 22, 1934; promoted to the See of Baltimore Nov. 29, 1947; died Dec. 8,

1961; His Eminence LAWRENCE CARDINAL SHEHAN, cons. Auxiliary Bishop of Baltimore, Dec. 12, 1945; transferred to Diocese of Bridgeport, Aug. 25, 1953; appt. Coadjutor Archbishop of Baltimore, July 10, 1961; acceded to the See of Baltimore Dec. 8, 1961; created Cardinal Priest of S. Clemente, Feb. 22, 1965; retired March 25, 1974; died Aug. 26, 1984; Most Rev. WILLIAM DONALD BORDERS, D.D., appt. Bishop of Orlando, May 2, 1968; cons. June 14, 1968; promoted to the See of Baltimore March 25, 1974; installed June 26, 1974; retired April 6, 1989; died April 19, 2010.; His Eminence WILLIAM CARDINAL KEELER, ord. July 17, 1955; appt. Titular Bishop of Uclinium and Auxiliary Bishop of Harrisburg July 24, 1979; ord. Bishop Sept. 21,

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21218-1998. Tel: 410-889-5054; Fax: 410-889-2356; Email: jmalin@telizabeth-school.org; Web: www.telizabeth-school.org. Christine Manlove, Ed.D., Exec. Dir.; Mr. Andy Parsley, Prin.; Ed McAnnulla, Librarian. Aides 82; Children 103; Lay Teachers 23; Sisters of St. Francis of Assisi 1; Other Lay Staff 21.

TIMONIUM. Villa Maria School at Dulaney Valley (Timonium Campus) 2300 Dulaney Valley Rd., Timonium, 21093. Tel: 410-252-6343, Ext. 102; Fax: 410-560-1347. Brenda Hines, Prin.; Aggie Callahan, Assoc. Admin./Dir. of Education. Non-public special education for children with emotional/multiple disabilities, ages 3-15. Children 75; Lay Teachers 20; Teacher Aides 17.

[J] CHILD CARE CENTERS

BALTIMORE. Bon Secours Family Support Center, 26 N. Fulton Ave., 21223. Tel: 410-362-3629; Fax: 410-362-3649; Web: www.bonsecours.org/bshsi. Brenda K. Jones, Svc. Coord.; Email: Brenda.Jones@bshsi.com; Lori H. Fagan, Dir.

Bon Secours of Maryland Foundation, Inc. Tot Asst. Annually 350; Total Staff 21.

Good Shepherd Services, 4100 Maple Ave., 21227. Tel: 410-247-2770; Fax: 410-247-3242; Email: info@goodshepherdcenter.org; Web: www.gesmaryland.org. Michele Wyman, R.N., M.S.N., Pres. & CEO; Angela Lingham, Education Dir.; Sr. Mary Carol McClenon, Mission Integration Coord.; Dr. Shawn Mason, Residential psychiatric treatment for adolescent girls and boys with emotional and behavioral problems.

House of the Good Shepherd of the City of Baltimore Capacity 105; Lay Teachers 17; Sisters 10; Students 91; Total Staff 274; Total Assisted 184.

Mount Providence Child Development Center, 701 Gun Rd., 21227. Tel: 410-247-0449; Fax: 410-247-1150; Web: www.mpcdc.com. Sr. Brenda Cherry, O.S.P., Dir. Oblate Sisters of Providence. Lay Teachers 14; Sisters 3; Students 60; Total Staff 18.

TIMONIUM. Francis X. Gallagher Services, 2520 Pot Spring Rd., Timonium, 21093. Tel: 410-252-4005; Fax: 410-560-3495; Web: www.cc-md.org/gallagher. Kathy Clemente, Admin. Residential, day habilitation, supported employment, respite care and medical day programs for the people with intellectual disabilities. Total Staff 520; Residential Capacity 264; Day Capacity 230; Total Assisted 468.

[K] GENERAL HOSPITALS

BALTIMORE. St. Agnes HealthCare, Ascension Health, 900 Caton Ave., 21229-5299. Tel: 667-234-6000; Fax: 667-234-2109; Email: info@stagnes.org; Web: www.stagnes.org. Keith Vander Kolk, Pres. & CEO. Ascension Health. Bed Capacity 287; Patients Asst. Annual. 116,500; Priests 1; Total Staff 2,555.

St. Agnes Foundation, Inc. Tel: 667-234-3155; Fax: 667-234-3533. (Subsidiary of St. Agnes HealthCare, Inc.).

Bon Secours Baltimore Health Corporation, Inc. (1919) 2000 W. Baltimore St., 21223. Tel: 410-362-3000; Fax: 410-362-3126; Email: info@bonsecours.org; Web: www.bonsecoursbaltimore.org. Samuel L. Ross, M.D., M.S., CEO. Email: samuel.ross@bshsi.org. Sr. Anne Litz, Bd. Pres.; Matt Henzel, Bd. Chair. Sr. Mary Skopal, S.S.J., Dir. of Pastoral Care. Email: mary.skopal@bshsi.org. Bon Secours Ministry. Bed Capacity 141; Patients Asst. Annual. 250,880; Sisters of Bon Secours 5; Total Staff 974.

The following are tax exempt subsidiaries of the Bon Secours Baltimore Health Corporation, Inc.

Bon Secours Hospital Baltimore, Inc. (1920).

Bon Secours Community Health Works, Inc. (1994) Email: ghaghee@mail.mchr.state.md.us.

Bon Secours of Maryland Foundation, Inc. (1991).

MedStar Good Samaritan Hospital, 5601 Loch Raven Blvd., 21239. Tel: 443-444-8000; Fax: 443-444-4599; Web: www.goodsam-md.org. Bradley Chambers, Pres.; Sharon Botcher, Vice Pres. Nursing; Rev. Guy Kagere, Dir. Pastoral Care; Deborah Bena, R.N., Health Min. Coord.; John Smyth, Bd. Chm. Adult acute care teaching hospital with a strong tradition of community care and home to more than 200 hospital based physicians. Bed Capacity 216.

Mercy Health Services Inc. 301 St. Paul Pl., 21202. Tel: 410-392-9000; Fax: 410-962-1303; Email: rrios@mdmercy.com; Web: www.mdmercy.com. Thomas Mullen, Pres. & CEO; Rev. Thomas R. Malia, Chap. & Asst. to Mission Pres.; Sr. Carole Rybicki, S.S.F., Chap.; Rev. Augustine Etemma Inwang, M.S.P., (Nigerian); Kathy Ault, Dir. Pastoral Care & Chap.; Donna Dougherty, Chap.; Rev. Paul J. Shaughnessy, S.J., Chap.; Sandy Michocki, Chap.; Mary Tracy, Chap. Institute of the Sisters of Mercy of the Americas. Sisters of Mercy, South Central Community Subsidiaries: Mercy Medical Center Inc.; St. Paul Place Specialists, Inc.; Healthcare for the Homeless; Maryland Family Care; Mercy Transitional Care; Stella Maris, Inc.; Cardinal Shehan Center, Inc.; Mercy Health Foundation, Inc.

Mercy Ridge. Bed Capacity 183; Employees 5,039; Patients Asst. Annual. 895,756; Sisters 10; Total Staff 4,528.

TOWSON. University of Maryland St. Joseph Medical Center (1864) 7601 Osler Dr., Towson, 21204. Tel: 410-337-1000; Fax: 410-337-1024; Email: michael.doiron@umm.edu; Web: www.stjosephstowson.com. Dr. Thomas B. Smyth, M.D., Pres. & CEO; Dr. Michael Doiron, J.C.D., Ph.D., Vice Pres., Mission & Dir. Spiritual. Uni. of Maryland Medical System/Archdiocese of Baltimore. Nurses 776; Patients Asst. Annual. 120,136; Total Staff 2,454; Beds 247.

Chaplains: Rev. Joseph Polatibingal; Robert Phillips, S.J.; Judith Ann Hwise, Chap.; Maureen O'Brien, Chap.; Kathy Edelmann, Chap.

[L] NURSING HOMES (SKILLED) AND REHABILITATION CENTERS

BALTIMORE. Belvedere Green/Woodbourne Woods at Medstar Good Samaritan, 1651 E. Belvedere Ave., 21239. Tel: 410-433-7255; Fax: 443-444-4599. Bradley Chambers, Pres.

The Neighborhoods at St. Elizabeth, 3320 Benson Ave., 21227-1035. Tel: 410-644-7100; Fax: 410-646-6589; Email: info@catholiccharities-md.org; Web: www.catholiccharities-md.org. Rev. Raymond C. Chase, Chap. Sponsored by Associated Catholic Charities.

St. Elizabeth Rehabilitation and Nursing Center. Bed Capacity 102; Sisters 1; Total Staff 220.

EMMITSBURG. St. Joseph's Ministries, Inc. 331 S. Saton Ave., Emmitsburg, 21727. Tel: 301-447-7000; Fax: 301-447-7015. Carla Brown, Admin. & CEO. Sponsored by Ascension Health. Bed Capacity 113; Total Staff 207; Total Assisted 60.

[M] HOMES FOR AGED

BALTIMORE. St. Charles Villa, 603 Maiden Choice Ln., 21228-3697. Tel: 410-747-1211; Fax: 410-747-2460. Revs. Cale J. Crowley, P.S.S., M.Div., Ph.D., Dir. (Retired); Joseph J. Bonadio, P.S.S., M.Rel.Ed., D.Min., S.T.L. (Retired); Gerald L. Brown, P.S.S., M.Div., Ph.D., M.Com. (Retired); Daniel J. Doherty, P.S.S., B.A., M.Div., S.T.L.; Claude H. Dukehart, P.S.S., M.A., S.T.D. (Retired); Died Sep. 14, 2018; John F. Mattingly, P.S.S., M.A., M.S.L.S., S.S.L. (Retired); John E. McMurry, P.S.S., S.T.L., Ph.D. (Retired); Vincent deP. McMurry, P.S.S., M.A., S.T.L. (Retired). Bed Capacity 22; Bed Capacity 22; Priests 8; Total in Residence 8; Total Staff 6.

St. Joseph's Nursing Home (1934) 1222 Tugwell Dr., 21228. Tel: 410-747-0026; Fax: 410-747-0396; Email: st.josephs@stjosephs.net. Sr. Krystyna Mroczek, Admin.

Sisters Servants of Mary Immaculate, Inc. Bed Capacity 44; Residents 44; Sisters 11; Total Staff 60; Total Assisted 80.

St. Martin's Home for Aged, Little Sisters of the Poor, Baltimore Inc., 601 Maiden Choice Ln., 21228. Tel: 410-744-9367; Fax: 410-747-6380; Email: msbaltimore@littlesistersofthepoor.org; Web: www.littlesistersofthepoorbaltimore.org. Aged Residents 72; Sisters 16; Total Staff 95; Intermediate Care Beds 38; Assisted Living 18; Apartments 16; Total Assisted 72.

TIMONIUM. Stella Maris (1953) 2300 Dulaney Valley Rd., Timonium, 21093. Tel: 410-252-4500 (office); Fax: 410-560-9675; Email: johnso2@stellamaris.org; Web: www.stellamaris.org. Sr. Karen McNally, R.S.M., Chief Admin. Officer; Rev. Lawrence M. Johnson, Dir. of Pastoral Care. The management corporation for all programs of Stella Maris. Long-term care; sub-acute care; home health; rehabilitative services; in-patient and home hospice; skilled home care; personal care; independent living; counseling/bereavement services for adults and children; and Senior day care. All applications for the facilities of Stella Maris are processed directly through the Admissions Office at Stella Maris. Bed Capacity 412; Priests 1; Residents 384; Sisters 7; Lay Personnel 794; Staff 802; Total Assisted 139,752.

[N] SOCIAL SERVICES

BALTIMORE. Franciscan Center, Inc. (1968) 101 W. 23rd St., 21218. Tel: 410-467-5340; Fax: 410-467-4569; Email: info@fcbm.org; Web: www.fcbm.org. Mary W. Ducey, Exec. Dir. Sisters of St. Francis of Assisi. Total Staff 21; Total Assisted 100,000.

Mount Providence Reading Center, 701 Gun Rd., 21227. Tel: 410-247-0448; Fax: 410-242-4963; Email: sisterconstance@oblatesisters.com; Web: www.oblatesisters.com. Sr. M. Constance Fenwick, O.S.P., Dir. Oblate Sisters of Providence. Students 27; Total Staff 4; Total Assisted 27.

Trinitarian Counseling Services, Inc., 8400 Park Heights Ave., P.O. Box 5719, 21282. Tel: 410-486-5764; Fax: 410-486-0614; Email: treasurer@trinitarians.org. Very Rev. William J. Axe, O.S.S.T., Pres. Total Staff 1; Total Assisted 15.

EMMITSBURG. Seton Center, Inc., 16840 S. Seton Ave., Emmitsburg, 21727. Tel: 301-447-6102; Fax: 301-447-1748; Email: setoncenterinc@doc.org; Web: www.setoncenterinc.org. Sr. Martha Beaudin, D.C., Admin. Daughters of Charity Social Service; Outreach; Seton Family Store. Total Assisted 8,000.

PASADENA. Mary's Center, Inc. (1990) P.O. Box 1804, Pasadena, 21123-1804. Tel: 410-761-8082; Fax: 301-739-1234 (Hagerstown); Fax: 410-761-0330. 7567 Ritchie Hwy., Glen Burnie, 21061. Pregnancy Support Svcs. Free pregnancy tests; material assistance to women & babies in need. Additional offices in Hagerstown, MD (1200 Dual Hwy.) & Baltimore, MD (740 N. Calvert St.) Total Staff 40; Total Assisted 559.

[O] ASSOCIATED CATHOLIC CHARITIES

BALTIMORE. Associated Catholic Charities, Inc. (Catholic Charities)

For more information on Catholic Charities and its programs please contact:

Catholic Charities, 320 Cathedral St., 3rd Floor, 21201-4421. Tel: 410-547-5490; Fax: 410-752-2873; Email: info@catholiccharities-md.org; Web: www.catholiccharities-md.org.

Management Team:

Associated Catholic Charities Inc., 320 Cathedral St., 3rd Floor, 21201-4421. Tel: 410-547-5490; Fax: 410-752-2873. Mr. William J. McCarthy Jr., Exec. Dir.; Mary Anne O'Donnell, Asst. Dir. & Chief Administrative Officer, 320 Cathedral St., 3rd Fl., 21201. Tel: 410-547-5495.

Associated Catholic Charities Inc., 228 W. Lexington St., 21201-3443. Tel: 410-261-6787; Fax: 410-889-0203. Amy Collier, Dir. Community Svcs. Div.

Associated Catholic Charities Inc., 1906 Greenspring Dr., Ste. 200, Timonium, 21093-4164. Tel: 667-600-2231; Fax: 410-561-7741. Scott Becker, CFO.

Associated Catholic Charities Inc., 320 Cathedral St., 21201-4421. Tel: 410-547-5469; Fax: 410-578-2179. Christopher Vaughan, Dir., Devel.

Associated Catholic Charities Inc., 3320 Benson Ave., 21227-1035. Tel: 667-600-2276; Fax: 410-560-3495. Arnold Eppel, Dir., Sr. Svcs. Division.

Associated Catholic Charities Inc., 1906 Greenspring Dr., Ste. 200, Timonium, 21093-4164. Tel: 667-600-2297; Fax: 410-561-7728. Diane Polk, Chief Human Resources Officer.

Associated Catholic Charities Inc., 2600 Pot Spring Rd., Timonium, 21093-2732. Tel: 410-252-4000, Ext. 1601; Fax: 410-252-3040. Kevin Keegan, Dir., Family Svcs. Division. Management Team: Mike Gross, Chief Information Officer; Mr. William J. McCarthy Jr.; Christopher Vaughan; Kevin Keegan; Diane Polk; Mary Anne O'Donnell; Arnold Eppel; Scott Becker.

Associated Catholic Charities Inc., 2300 Dulaney Valley Rd., Timonium, 21093-4164. Tel: 410-252-4700, Ext. 128; Fax: 410-252-3040. Ezra Buchdahl, Admin., St. Vincent's Villa.

Services for Children & Families:

Harford County, Early Head Start, 422 S. Stokes St., Havre De Grace, 21078. Tel: 410-526-1940; Fax: 410-272-6082.

Carroll County, Head Start and Early Head Start and PreK School, 255 Clifton Blvd., Ste. 101, Westminster, 21157-4785. Tel: 410-871-2450; Fax: 410-876-8630.

Center for Family Services - International Adoptions, 2601 N. Howard St., Ste. 200, 21218. Tel: 410-659-4050; Fax: 410-685-2365.

Center for Family Services - Pregnancy, Parenting and Domestic Adoption Svcs., 2601 N. Howard St., Ste. 200, 21218. Tel: 410-659-4050; Fax: 410-685-2365.

Center for Family Services - Therapeutic Alternative Shelter Care (TASC), 2601 N. Howard St., Ste. 200, 21218-4979. Tel: 410-655-2363; Fax: 410-685-2365.

Center for Family Services - Treatment Foster Care, 2601 N. Howard St., Ste. 200, 21218-4979. Tel: 410-685-2363; Fax: 410-685-2365.

Catholic Charities Head Start of Baltimore City, 915 Sterrett St., 21230-2502. Tel: 410-685-1700; Fax: 410-685-2546.

Treatment Foster Care HOPE Program, 2601 N. Howard St., Ste. 200, 21218. Tel: 410-685-2363, Ext. 108.

Baltimore City Child and Adolescent Response (Foster/Kinship Care Stabilization Program), 1118 S. Light St., #200, 21230-4152. Tel: 410-727-4800; Fax: 410-727-5853.

St. Vincent's Villa Diagnostic Evaluation and Treatment Program, 2600 Pot Spring Rd., Timonium, 21093-2732. Tel: 410-252-4000; Fax: 410-561-8109.

Villa Maria - Behavioral Health Clinics (10 locations)

Villa Maria of Anne Arundel County Behavioral Health Clinic, 1111 Benfield Rd., #104, Millersville, 21108-3003. Tel: 410-729-8494; Fax: 410-451-0701.

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Villa Maria at Lansdowne Behavioral Health Clinic, 2700 Washington Ave., Hialethorpe, 21227-3115. Tel: 410-368-3984; Fax: 410-536-1290.

Villa Maria of Harford County Behavioral Health Clinic, 1301 Continental Dr., Ste. 101, Abingdon, 21009-2338. Tel: 410-676-4002; Fax: 410-676-7365.

Villa Maria of Carroll County Behavioral Health Clinic, 1129 Business Parkway S., Ste. A, Westminster, 21157. Tel: 410-848-2037.

Villa Maria of Frederick County Behavioral Health Clinic, 111 E. Church St., Frederick, 21701-5403. Tel: 301-694-6654; Tel: 301-898-7900 (Voicemail); Fax: 301-694-8221.

Villa Maria of Washington County Behavioral Health Clinic, 229 N. Potomac St., Hagerstown, 21740-3612. Tel: 301-733-5856; Fax: 301-733-5625.

Villa Maria of Mountain Maryland Behavioral Health Clinic, 300 E. Oldtown Rd., Ste. 1, Cumberland, 21502-3600. Tel: 301-777-8685; Fax: 301-777-8687.

Villa Maria Behavioral Health Clinic at Fallstaff, 6999 Reisterstown Rd., Ste. 4, 21215-1492. Tel: 410-585-0598; Fax: 410-585-0589.

Home-Based Respite Program (Cecil, Harford, Baltimore County & Baltimore City), 2601 N. Howard St., 2nd Fl., 21218-4979. Tel: 410-685-2363; Fax: 410-685-2364.

In-Home Intervention Services, 2601 N. Howard St., 21218-4979. Tel: 410-685-2362; Fax: 410-685-2364.

St. Vincent's Villa Residential Treatment Center, 2600 Pot Spring Rd., Timonium, 21093-2739. Tel: 410-252-4000; Fax: 410-561-8109.

Safe Start, 1301 Continental Dr., Ste. 101, Abingdon, 21009-2338. Tel: 410-676-4002; Fax: 410-676-4002.

Villa Maria - Schools:

Villa Maria School, 2300 Dulaney Valley Rd., Timonium, 21093-2739. Tel: 410-252-0343; Fax: 410-560-1347.

Villa Maria School at St. Vincent's Center Type III Diagnostic Program, 2600 Pot Spring Rd., Timonium, 21093. Tel: 410-252-4000; Fax: 410-453-6712.

School-Based Mental Health Programs Baltimore County, Harford County, Baltimore City, Carroll County, Washington County, Allegany County, Frederick County, Anne Arundel County, 2800 Pot Spring Rd., Timonium, 21093-2739. Tel: 410-252-4700; Fax: 410-252-3040. Carl Fornoff, Contact Person (Balt. Co. & Anne Arundel Co.); Diane Shannon, Contact Person (Balt. City & Harford Co.); Lisa Serfass, Contact Person (Frederick Co.); Contact Person (Frederick Co.).

Parochial School Consultation Program, 2800 Dulaney Valley Rd., Timonium, 21093. Tel: 410-252-4700; Fax: 410-252-3040.

Lansdowne Therapeutic After School Program, 2700 Washington Ave., 21227-3115. Tel: 410-368-3984; Fax: 410-536-1290.

Towson Therapeutic After School Program, 1220 E. Joppa Rd., Towson, 21286-5810. Tel: 410-705-4790; Fax: 410-252-3040.

St. Vincent's Villa Therapeutic Weekend Respite Program, 2600 Pot Spring Rd., Timonium, 21093-2739. Tel: 410-252-4700, Ext. 107; Fax: 410-252-3040.

Family Support Groups and Resource Center, 2600 Pot Spring Rd., Timonium, 21093-2739. Tel: 410-252-4000, Ext. 1663; Fax: 410-252-3040.

Family Systems Navigator, 2600 Pot Spring Rd., Timonium, 21093-2739. Tel: 410-252-4700, Ext. 265; Fax: 410-252-3040.

Villa Maria at Edgewood Middle School, 2311 Willoughby Beach Rd., Edgewood, 21040. Tel: 410-252-6343; Fax: 410-612-1518.

Head Start Mental Health Consultation (Baltimore City, Harford and Carroll Counties), 6999 Reisterstown Rd., 21215-1492. Tel: 410-585-0598; Fax: 410-676-7365.

Timonium Out-Patient Mental Health Clinic, 1220 E. Joppa Rd., Towson, 21286-5810. Tel: 410-705-4790.

White Oak Counseling (White Oak School), 8401 Leefield Rd., Timonium, 21093. Tel: 410-252-4700, Ext. 126; Fax: 410-561-9073.

Baltimore City Regional Expanded School Mental Health/Early Childhood Mental Health Services, 6999 Reisterstown Rd., 21215. Tel: 410-585-0598; Fax: 410-585-0589.

Brief Strategic Family Therapy, 2600 Pot Spring Rd., Lutherville Timonium, 21093-2739. Tel: 410-252-4000.

Carroll County Head Start-Parents as Teachers, 255 Clifton Blvd., Ste. 101, Westminster, 21157-4785. Tel: 410-871-2450.

Kinship Care Family Support Groups, St. Rita Parish Ctr., 2903 Dunleer Rd., Dundalk, 21222-5113. Tel: 410-252-4000, Ext. 1515.

Early Childhood Mental Health Screening, 2600 Pot Spring Rd., Timonium, 21093-2739. Tel: 410-252-4700.

Kinship Care Systems Navigators, 2903 Dunleer

Rd., Dundalk, 21222-5113. Tel: 410-252-4000, Ext. 1515.

Making All the Children Healthy (M.A.T.C.H.) Mental Health Assessment, 2601 N. Howard St., Ste. 200, 21218-4979. Tel: 410-659-4050; Fax: 410-685-2364.

Mental Health Counseling for Deaf Clients (Fallstaff Outpatient Mental Health Clinic), 6999 Reisterstown Rd., 21215-1492. Tel: 410-585-0598.

School Based Behavioral Health Services (Allegany, Anne Arundel, Baltimore, Baltimore City, Washington, Frederick and Harford County), 1220 E. Joppa Rd., Towson, 21286-5810. Tel: 410-705-4790; Fax: 410-252-3040.

Therapeutic Mentoring Program, 2600 Pot Spring Rd., Timonium, 21093-2739. Tel: 410-252-4000, Ext. 1637; Fax: 410-561-8109.

Community Services:

Anna's House, 607 N. Tollgate Rd., Bel Air, 21014-0088. Tel: 410-803-2130; Fax: 410-638-1753.

Esperanza Center, 430 S. Broadway, 21231-2409. Tel: 410-522-2668; Tel: 410-534-8015; Fax: 410-675-1451.

**Cherry Hill Town Center (Cherry Hill Town Center, Inc.)*, 634 Cherry Hill Rd., 21225-1229. Tel: 410-354-0167.

Our Daily Bread Employment Center, 725 Fallsview, 21202-4147. Tel: 443-986-9000; Fax: 410-962-8933.

Holden Hall, 761 W. Hamburg St., 21230-2535. Tel: 410-347-9830; Fax: 410-347-9831.

Social Concerns, 228 W. Lexington St., Ste. 220, 21201-3432. Tel: 410-261-6781; Fax: 410-889-0203.

My Sister's Place Women's Center, 17 W. Franklin St., 21201-5005. Tel: 410-272-3523; Fax: 410-727-1811.

My Sister's Place Lodge, 111 W. Mulberry St., 21201-3619. Tel: 410-528-9002; Fax: 410-528-9004.

Christopher Place Employment Academy, 725 Fallsview, 21202-4147. Tel: 443-986-9000; Fax: 410-962-8932.

Parish Social Ministry, 228 W. Lexington St., Ste. 220, 21201-3432. Tel: 410-261-6781; Fax: 410-889-0203.

Project BELIEVE, 725 Fallsview, 21202-4147. Tel: 443-986-6766; Fax: 410-962-8932.

Project FRESH Start (Family Relocation, Empowerment, and Self-Help), 228 W. Lexington St., Ste. 220, 21201-3432. Tel: 410-261-6786; Fax: 410-889-0203.

Project SERVE (Service and Education through Residential Volunteer Experience), 228 W. Lexington St., Ste. 220, 21201-3432. Tel: 410-261-6774; Fax: 410-889-0203.

Alternative Spring Break, 228 W. Lexington St., Ste. 220, 21201-3432. Tel: 410-261-6774; Fax: 410-889-0203.

Employment Services, 725 Fallsview, 21202-4147. Tel: 443-986-9000; Fax: 410-962-8930.

Samaritan Center, 17 W. Franklin St., 21201-5005. Tel: 410-468-4632; Fax: 410-659-0642.

Sarah's House, 2015 20th St., Fort Meade, 20755-1301. Tel: 410-551-7722; Fax: 410-551-7279.

Senior Community Service Employment Program (SCSEP), 228 W. Lexington St., Ste. 220, 21201-3432. Tel: 410-261-6787; Fax: 410-285-5781.

Services for Seniors:

Answers for the Aging, 3300 Benson Ave., 21227-1035. Tel: 410-646-0100; Tel: 888-502-7587; Fax: 410-646-0500.

Caritas House Assisted Living, 3308 Benson Ave., 21227-1035. Tel: 410-646-6570; Fax: 410-646-6565.

**Catholic Charities Senior Community at Aberdeen*, 901 Barnett La., Aberdeen, 21001-1748. Tel: 410-273-0435; Fax: 410-273-0439.

Catholic Charities Senior Community at Abingdon, 3001 St. Clair Dr., Abingdon, 21009-3225. Tel: 410-569-3630; Fax: 410-273-0916. Debbie Seigle, Contact Person.

Catholic Charities Senior Community Application/Information Requests, 1966 Greenspring Dr., Ste. 200, Timonium, 21093-4164. Tel: 443-798-3423.

**Catholic Charities Senior Community at Arundel Woods (Glen Burnie Senior Housing, Inc.)*, 403 W. Ordinance Rd., Glen Burnie, 21061-6448. Tel: 410-424-3535; Fax: 410-424-4484.

Catholic Charities Senior Community at Basilica Place (The Catholic Charities Housing, Inc.), 124 W. Franklin Street, 21201-4576. Tel: 410-539-0418; Fax: 410-752-6207.

**Catholic Charities Senior Community at Coursey Station (Coursey Station Apartments, Inc.)*, 200 First Ave., Lansdowne, 21227-3031. Tel: 410-242-6167; Fax: 410-242-3459.

Catholic Charities Senior Community at DePaul House (DePaul House, Inc.), 3300 Benson Ave., 21227-1030. Tel: 410-644-8484; Fax: 410-644-1334.

**Catholic Charities Senior Community at Friendship Station (Odenton Senior Housing, Inc.)*, 1212 Odenton Rd., Odenton, 21113-1629. Tel: 410-519-6085; Fax: 410-519-6092.

Catholic Charities Senior Community at Friendship

Village, 1212 Odenton Rd., Odenton, 21113-1629. Tel: 410-519-6085; Fax: 410-305-0481.

**Catholic Charities Senior Community at Holy Korean Martyrs (Woodlawn Senior Housing, Inc.)*, 5500 Lexington Rd., Woodlawn, 21207-5600. Tel: 410-944-5555; Fax: 410-944-0555.

Catholic Charities Senior Community at Our Lady of Fatima I & II, 6424 E. Pratt St., 21224-2818. Tel: 410-631-3555; Fax: 410-631-3556; Web: www.cc-md.org.

**Catholic Charities Senior Community at Owings Mills New Town (Owings Mills Senior Community, Inc.)*, 9778 Groffs Mill Dr., Owings Mills, 21117-6005. Tel: 410-902-8222; Fax: 410-902-8250.

**Catholic Charities Senior Community at Reister's Clearing*, 304 Cantata Ct., Reisterstown, 21136-6471. Tel: 410-517-4994; Fax: 410-517-0085.

**Catholic Charities Senior Community at Reister's View*, 306 Cantata Ct., Reisterstown, 21136-6472. Tel: 410-517-4994; Fax: 410-517-4995.

Catholic Charities Senior Community at St. Charles House (St. Charles House, Inc.), 11 Church Ln., Pikesville, 21086-6607. Tel: 410-484-6125.

**Catholic Charities Senior Community at St. Joachim House (St. Joachim House, Inc.)*, 3310 Benson Ave., 21227-1075. Tel: 410-644-8269; Fax: 410-525-9227.

**Catholic Charities Senior Community at St. Luke's Place (St. Luke's Apartments, Inc.)*, 2825 Lodge Farm Rd., Edgemere, 21219-1347. Tel: 410-477-3861; Fax: 410-477-0199.

**Catholic Charities Senior Community at Starner Hill Apartments (Backbone Housing, Inc.)*, 25 N. Pennsylvania Ave., Grantsville, 21536-1390. Tel: 301-895-5842; Fax: 301-895-3762.

**Catholic Charities Senior Community at Trinity House Apartments (Trinity House Apartments, Inc.)*, 409 Virginia Ave., Towson, 21286-5372. Tel: 410-825-5288; Fax: 410-825-5592.

Catholic Charities Senior Housing at St. Mark's, 19 Winters Ln., Catonsville, 21228-4499. Tel: 410-788-0972.

Congregate Housing Services Program, 1966 Greenspring Dr., Timonium, 21093-4164. Tel: 443-798-3423; Fax: 410-561-3056.

Everall Gardens, 6100 Everall Ave., 21206-1946. Tel: 410-444-5850; Fax: 410-444-0190.

GreenHouse Residences at Stadium Place, 1010 E. 33rd St., 21218-3780. Tel: 410-554-9890; Fax: 410-554-9897; Web: www.cc-md.org. Susan Stone, Admin.

Kowler Park, 4230 Hollins Ferry Rd., Lansdowne, 21227-3458. Tel: 410-247-9244; Fax: 410-247-9245.

The Neighborhoods at St. Elizabeth Rehabilitation and Nursing Center (Jenkins Memorial Nursing Home, Inc.), 3320 Benson Ave., 21227-1035. Tel: 410-646-6597; Fax: 410-646-6559.

Pastoral Care at the Jenkins Senior Living Community, 3320 Benson Ave., 21227-1035. Tel: 410-646-6513; Fax: 410-646-6541.

St. Ann Adult Day Services, 3308 Benson Ave., 21227-1001. Tel: 410-646-0320; Fax: 410-644-0320.

Services for Individuals with Intellectual Disabilities:

Francis X. Gallagher Services, 2520 Pot Spring Rd., Timonium, 21093-2730. Tel: 410-252-4005; Fax: 410-500-3495. Programs include vocational, adult medical day & residential services.

The Bethany Community, Inc., Tel: 410-252-4005; Fax: 410-500-3495.

Other Associated Catholic Charities, Inc. Corporations:

661 Corporation, 1966 Greenspring Dr., Ste. 200, Timonium, 21093-4164. Tel: 443-519-2383.

The Children's Fund, Inc., 320 Cathedral St., 21201. Tel: 410-547-5469; Fax: 410-752-2873.

TIMONIUM Village Crossroads Senior Housing II, Inc., 1966 Greenspring Dr., Ste. 200, Timonium, 21093. Tel: 443-798-3423; Fax: 410-561-3056; Web: www.cc-md.org. Aileen McShea Tinney, Vice Pres.

[P] RETREAT HOUSES FOR MEN, WOMEN AND YOUTH

SPARKS. Magr. Clare J. O'Dwyer Retreat House, 15523 York Rd., P.O. Box 310, Sparks, 21152. Tel: 410-686-2400; Fax: 410-472-3281; Email: odwyer@archbal.org; Web: www.magrodwyer.org. Total Staff 11.

[Q] MONASTERIES AND RESIDENCES OF PRIESTS AND BROTHERS

BALTIMORE. *St. Ambrose Friary*, 4502 Park Heights Ave., 21215. Tel: 410-367-0334; Fax: 410-542-6056. Revs. William Graham, O.F.M.Cap., J.C.L., M.A., Adjutant Judicial Vicar, Archdiocese of Baltimore; Adjunct Faculty, St. Mary Seminary and Univ.; Paul Zaborowski, O.F.M.Cap., Pastor St. Ambrose Parish; Roman Kozacheson, O.F.M.Cap., Help Out Ministry; Chap: John Petribouic, O.F.M.Cap., Preaching & Retreat Min.

Colombiere Jesuit Community St. Claude La

August 6, 2018

Ms. Ann Schenning
Department of Housing and Urban Development
10 South Howard Street, 5th Floor
Baltimore, MD 21201-2505

RE: Support Services Match Letter – Anna's House Permanent Supportive Housing I and II Consolidated Program, FFY2019 Renewal Award

Dear Ms. Schenning:

Catholic Charities is pleased to continue its support of the Anna's House Permanent Supportive Housing Program I and II Consolidated (AH PH I+II), located in Harford County, MD, in the amount of \$11,473 for supportive services costs beginning June 1, 2019 and continuing through May 31, 2020. This amount represents a 25 percent match of HUD's contribution for this grant.

The source of our commitment will be from our internal budget with funds raised through fundraisers, corporate and/or private foundation funding, and contributions from the community. An additional amount will be contributed through the provision of support services such as human resources, payroll, fund development efforts and administrative oversight.

Intensive support services to be provided under this grant include intensive case work services and supervision.

Catholic Charities has a long history of providing housing and intensive support services to homeless families and is willing to make this exceptional commitment because we know there is a desperate need for Permanent Supportive Housing to help bring about and maintain stability in the lives of our vulnerable homeless Harford County women with children.

Thank you in advance for your continued support of this project and for the opportunities it provides to the families we serve together.

Sincerely,



Amy Collier
Director Community Services Division
Associated Catholic Charities, Inc.